

GENERAL HEADQUARTERS
UNITED STATES ARMY FORCES, PACIFIC
Chief Surgeon's Office

CONSOLIDATED CIRCULAR
CHIEF SURGEON'S OFFICE

1 July 1946

Number 8

GENERAL HEADQUARTERS
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CIRCULAR LETTER NO. 8

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PART I

ADMINISTRATIVE

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A. GENERAL

I. Hospital Fund.

1. The attention of all commanding officers who have hospital funds under their control are called to the provisions of AFAC Regulations 50-50 dated 21 June 1946 which is effective 1 July 1946. This regulation sets up a Central Hospital Fund for the United States Army Forces, Western Pacific, XXIV Corps and Eighth Army. It requires all statements of Central Hospital Fund to be forwarded to the War Department through Commanding General, United States Army Forces, Pacific.

2. In the near future, a schedule of charges for subsistence will issue from this headquarters covering miscellaneous civilians who have not hitherto been covered by Army Regulations 40-590.

II. Mess Management.

3. Included in this monthly memorandum is the latest revision of the "X" ration scale for the information and guidance of all hospitals subsisted on the Field ration. It is especially desirable that all mess officers, dietitians and mess sergeants of all hospital units become well enough acquainted with this ration scale so they will be enabled to intelligently correct discrepancies between ration scale and issue. Complaints concerning

the issue of rations must be substantiated by specific and factual evidence before rectification can be attempted. A recent survey revealed that most mess officers, dietitians and mess sergeants in units visited had little knowledge of the existing ration scale and its use. In many instances, a copy of the ration scale was either lacking or hidden away in the mess office files.

4. The major changes to be noted in this new ration scale can be itemized as follows:

a. An overall cut in caloric content of ration to a maximum of 3900 calories per ration in view of the present world food shortage. Reductions are:

Quantities expressed in pounds per hundred men per day

Bread	50 to 45
Bacon	12 to 10
Butter	11 to 10
Lard	5 to 4.5
Syrup and Jams	15 to 12.5
Cereals	3 to 2
Potatoes	70 to 65
Flour	18 to 16
Sugar	30 to 25
Vegetables, canned	60 to 55
Fruits, canned	50 to 45

b. The egg issue has been increased from 100 each to 133 per 100 rations.

c. Procurement of dehydrated potatoes, vegetables, cordials and eggs for overseas use has ceased. Present stock levels of these items will be issued whenever the fresh or canned varieties are lacking.

d. The major commands have been notified that fresh eggs and not powdered eggs will be issued as part of the hospital patient supplemental scale.

e. Pork and beans and chili con carne, substitute articles for potatoes and meat respectively, have also been deleted from future overseas procurements.

5. "X" Ration Scale.

Component Article	Oz. Per	Lbs.Per 100	Substitutive Article	Oz. Per	Lbs.Per 100
	Ration	Rations		Ration	Rations
Beef, carcass	16.0	100.0	Beef, boneless	11.2	70
			Fish, drawn	9.6	60
			Frankfurters	9.6	60
			Hearts, fresh	9.6	60
			Lamb, carcass	16.0	100

Component Article	Oz. Per	Lbs.Per 100	Substitutive Article	Oz. Per	Lbs.Per 100
	Ration	Rations		Ration	Rations
			Liver, fresh	9.6	60
			Pork carcass, fresh	16.0	100
			Pork, loin, fresh	12.0	75
			Poultry, fresh, undrawn	20.8	130
			Sausage, bologna	8.0	50
			Sausage, fresh	11.2	70
			Veal, carcass, fresh	16.0	100
			Other meats, fresh	9.6	60
			Corned beef, canned	9.6	60
			Fish, canned	8.0	50
			Ham, cured	13.6	85
			Hash, corned beef, canned	11.2	70
			Luncheon meat, canned	8.0	50
			Pork and Gravy, canned	11.2	70
			Poultry, canned	8.0	50
			Beef and Gravy, canned	11.2	70
			Pork Sausage, canned	9.6	60
			Vienna Sausage, canned	9.6	60
			Stew, M & V	11.2	70
Bacon	1.6	10	Beef, carcass	2.88	18
			Beef, boneless	1.92	12
			Ham, cured	2.88	18
			Hash, corned beef	2.38	18
			Luncheon meat, canned	1.92	12
			Pork Sausage, canned	2.4	15
Bread	7.2	45	Bread, raisin	7.2	45
			Bread, white	7.2	45
<u>Bakery Ingredients in Lieu of Bread</u>					
			Flour, white	4.97	31
			Milk, whole or skim dry	.20	1.25
			Yeast, dry	.073	.45
			Sugar	.12	.75
			Salt	.10	.63
			Shortening	.10	.63
			Calcium Carbonate	.011	.69
			Raisins (to be used for baking raisin bread once per week)	1.0	6.3
Eggs (1 fresh egg equal 2 oz.)	2.67	16.7	Eggs, fresh	2.67	16.7
Milk, evaporated	6.0	37.5	Milk, fresh	12.0	75
			Milk, condensed	6.0	37.5
			Milk, skim, dry	1.5	9.4
			Milk, whole, dry	1.5	9.4
			Cheese	2.24	14
Butter, fresh	1.6	10	Margarine	.8	5
			Tropical or army spread	.8	5

<u>Component Article</u>	<u>Oz. Per Ration</u>	<u>Lbs.Per 100 Rations</u>	<u>Substitutive Article</u>	<u>Oz. Per Ration</u>	<u>Lbs.Per 100 Rations</u>
Lard, pure	.72	4.5	Lard, substitute	.72	4.5
			Oil, cooking	.72	4.5
			Tropical or army spread	.72	4.5
			Margarine	.72	4.5
Syrups	2.0	12.5	Marmalade	1.28	8
			Jellies, asstd.	2.0	12.5
			Jams, asstd.	2.0	12.5
			Apple butter	2.0	12.5
			Peanut butter	2.0	12.5
Cereals, uncooked	.32	2	Cereals, prepared	1.0	6.4
			Hominy grits	.32	2
Flour, white	2.56	16	Flour, rye	2.0	12.5
			Cornmeal	2.56	16
Sugar	4.0	25	Sugar	4.0	25
Potatoes, fresh	10.4	65	Potatoes, fresh, sweet	10.4	65
			Beans, dry, asstd.	3.6	22.5
			Macaroni	3.2	20
			Spaghetti	3.2	20
			Noodles	3.2	20
			Rice	2.56	16
Onions, fresh	1.2	7.5	Onions, fresh	1.2	7.5
Vegetables, canned	8.8	55	Vegetables, fresh	14.4	90
			Vegetables, fresh, frozen	9.6	60
			Vegetables, puree, asstd.	4.8	30
Fruits, canned	7.2	45	Fruits, fresh, asstd.	14.4	90
			Fruits, fresh, frozen	7.2	45
			Fruits, dried, asstd.	2.0	12.5
Juices, fruit	4.0	25	Juice, tomatoe	4.0	25
Coffee, R & G	1.92	12	Coffee, soluble	.64	4
			Cocoa	1.60	10
			Chocolate, plain	.96	6
			Tea	.36	2.25
			Crystal, fruit	.48	3
Pepper, black	.024	.15	Pepper, cayenne	.024	.15
			Pepper, white	.024	.15
Spices	.016	.1	Allspice	.016	.1
			Cloves	.016	.1
			Nutmeg	.016	.1
			Cinnamon	.016	.1
			Paprika	.016	.1
			Mustard, dry	.016	.1
			Poultry, seasoning	.016	.1
			Curry, powder	.016	.1
			Other spices	.016	.1
Extracts, flavoring	.02	.125	Vanilla extract	.02	.125
(12 Lemons or Vanilla			Lemon extract	.02	.125
tablets equal 1 oz. ext.)					
Sauces	.48	3	Sauces, asstd.	.48	3
Baking powder	.18	1.12	Yeast, compressed, fresh	.24	1.5
			Yeast, dry	.12	.75

Component Article	Oz.	Lbs. Per	Substitutive Article	Oz.	Lbs. Per
	Per	100		Per	100
	Ration	Rations		Ration	Rations
Salt	.48	3	Soda, baking Salt	.16 .48	1 3

Hospital patients are authorized the "X" ration supplemented by the following items in the quantities shown below:

Article	Oz. Per Ration	Lbs. Per 100 Rations
Candy, hard	.48	3.0
Milk or beverage, malted or powdered (including ovaltine)	2.5	15.6
Sugar, confectioners	.16	1.0
Sugar, brown	.16	1.0
Honey or glucose	.03	.19
Junket tablets	.2 ea.	20 ea.
Bouillon cubes	.2 ea.	20 ea.
Soup, canned, asstd.	4.0	25
Purees, canned, asstd.	4.0	25
Eggs, fresh (1 fresh egg equals 2 ozs.)	2.0	12.5
Fruit juice, canned	8.0	50
Gelatine dessert power, asstd.	.2	1.25
Flavoring extracts	.02	.125
Cornstarch	.08	.5

B. SUPPLY

III. Conservation Of Services And Supplies.

6. In furtherance of the War Department conservation policies, which are restated in Section III, War Department Circular 264, 1945, a program for the conservation of supplies and equipment has been instituted in this theater. With the budgetary limitations to be imposed for the fiscal year 1947, it is appropriate that measures of conservation be stressed at this time. Submission of original unique and valuable ideas of proved worth are invited for publication in this circular in order that such ideas may be utilized by all medical units throughout this theater.

IV. Spectacles.

7. A new AFAC Circular is now in the process of being written which will list the individuals for whom spectacles may be furnished by United States Army hospitals and the charges to be made in each case.

V. Blood Donors.

8. An AFAC Circular listing new charges to be paid to blood donors may be expected to be issued within the current month.

VI. Compressed Gas Cylinders.

9. It has been noted that the provisions of Army Regulations 850-60 dated September 1942 concerning the labeling, painting and storage of compressed gas cylinders are not being adhered to by medical installations. Attention is invited to the following paragraphs of the above cited regulation:

Paragraph 6, Shipping Regulations
Paragraph 7, Painting of Cylinders
Paragraph 9, Storage

a. Paragraph 6 requires that except for carload shipments of non-poisonous gas to be unloaded by the consignee, each charged cylinder must be labeled. If the cylinders are empty, the lower part of the shipping tag will be torn off and any red or green labels will be removed or covered with white labels (if available) bearing the word EMPTY.

b. Paragraph 7 requires that the name of the gas be stenciled on the cylinder in line with the serial number, paralleled to the longitudinal axis and readable with the cylinder in a horizontal position. The color scheme for Medical Department cylinders is specified by the description of the item in ASF Catalog MED 3.

c. Paragraph 9 requires that the following precautionary measures will be taken in the storage of cylinders:

- (1) Cylinders will be protected from dampness and must be protected against severe rise in temperature from the direct light of the sun or other sources of heat.
- (2) They will not be stored near highly inflammable substances or in places where they may be struck by moving objects.
- (3) Inflammable and non-flammable gases will be stored in separate buildings or separate open storage. Oxygen, in particular, will be separated from inflammable gasses or material.
- (4) Empty cylinders must be segregated to avoid confusion.
- (5) Good ventilation will be provided to carry off leakage of inflammable gases.

C. TRAINING

VII. Slack Time Is Training Time.

10. In general, medical personnel and facilities are provided on a scale dictated by experience and predicated on military strength. The basis for estimating requirements for Medical Corps personnel includes not only needs for the professional care of the sick, but also for other necessary activities of Medical Corps officers: attention to environmental and

mess sanitation, training of Medical Department troops, and necessary administrative duties.

11. It is felt that a measurable portion of the slack time which may be experienced by some Medical Corps Officers may be due to a failure on the part of inexperienced medical officers to realize the importance of these duties not patently related to the immediate professional care of the sick, especially environmental and mess; these aspects of the duties of the medical officer should be stressed. When there still remains slack time, usually due to a sick rate below that normally expected, the professional training of medical officers should receive attention.

12. Each major subordinate command surgeon should arrange a flexible training program to enhance the medical officer's training and to simultaneously increase his worth to the Army. Such a training program could embrace the establishing of teaching facilities, including clinics and teaching wards at a selected military hospital; understudy work in a specialty; and conducted visits to civilian clinics to study cases of diseases seldom seen in the Zone of the Interior; but endemic to the area. The preventive aspects should be emphasized. Student officers should be selected according to previous training, interest and aptitude. A schedule requiring three to six hours of instruction per week is suggested.

D. PERSONNEL

VIII. Hospital-Dispensary Rotation Of Medical Officers Required.

13. War Department Circular 387, dated 29 December 1945, Section II, describes in detail the importance of the dispensary and certain aspects of its operation. This important medical installation affords practical training opportunities for medical officers that cannot be obtained in other units.

14. Paragraph 6-d of the cited circular states: "A definite procedure for rotating medical officers between dispensary and hospital will be established. The tour of duty in a dispensary assignment will be limited so far as practicable to a period of six months and only one tour per year. Whenever practical, medical personnel of tactical troops in garrison will be given an opportunity for parallel training in hospitals."

15. The initiative for establishing such a plan will rest with the Surgeon of a major subordinate command. While there will be various problems in different localities, it is felt that the only assurance of fulfilling the stated War Department objective is to have a definite rotation schedule. The schedule should be such that only a portion of any unit's personnel will be rotated at a time, and so that every general practitioner and D-grade specialist will receive the benefit of dispensary experience as well as the benefit of hospital service.

IX. Classification Of Medical Department Officers.

16. A new letter of instructions governing classification of Medical Department officers has been approved for publication and will soon replace letter, GHQ, AFPM, AG 210.01 (20 Jun 45) MD, dated 1 July 1945,

subject: "Classification of Medical Corps officers." In addition, an extracted copy of the February 1946 edition of Technical Manual 12-406 is being prepared for distribution. The extract will cover classification of Medical Department officers, including Appendix II, which deals exclusively with Medical Corps officer classification. The new letter will conform to terminology used in the latest edition of TM 12-406. Prefix letters will be retained but suffix letters will be omitted and several positions will have new SSNs. Distribution of the new letter of instruction and of the extract of TM 12-406 will be effected within a month, but distribution may be made separately.

17. The annual re-evaluation of professional classifications of Medical Corps officers has revealed that in many instances commanding officers and consultants do not fully examine the facts available to them when making recommendations for a change in the professional classification for individual officers. Often, a fuller explanation of reasons for recommending a change in classification would permit better understanding by the classifying officer. No senior medical officer making recommendations incident to professional re-evaluation should be influenced by readjustment criteria since re-evaluation and readjustment are completely separate operations. It is the responsibility of every officer having a part in re-evaluation to fairly and fully express his opinion so as to recommend the highest professional rating consistent with proven ability.

18. The only official SSN for a Medical Corps Officers is the one determined by the Chief Surgeon, GHQ, AFPC. No Medical Department Officer can be returned to the ZI as surplus unless he is surplus to the theater as a whole, and such determination can only be made by this office. Every officer, and especially every Medical Corps Officer should be informed by the unit personnel section of his current official SSN classification so that he will know his position in regard to readjustment and so that he can plan accordingly.

19. Full data concerning classification of Medical Department officers other than Medical Corps are not maintained in Surgeon's Office, General Headquarters. It is considered essential however for the Surgeon of each major subordinate command to have sufficient classification knowledge of all officers to permit full realization of their status in covering key assignments. Examples of such assignments would include officers qualified for medical equipment maintenance, depot operation, laboratory, entomology, executive positions, registrars, chief nurses, nurse anesthetists, operating room nurses, and training officers.

X. Medical Personnel Reports.

20. AFPC Circular No. 96 has been replaced by Circular No. 49, dated 7 June 1946. The monthly personnel report, WD AGO Form 8-19, will be required as heretofore, but the roster of personnel (WD AGO Form 8-164) now becomes a quarterly requirement. In lieu of a monthly roster, a postcard type report of transfer of a Medical Department officer (Reports control symbol QMD-07) will be required within twenty-four hours after transfer is effected. The report will be directed to the Chief Surgeon, United States Army Forces, Pacific, with an information copy to the Surgeon of the major subordinate command concerned. The unit losing an officer and the

unit gaining an officer will each render a report. The initial supply of AFAC Form No. 75 (RCS QMD-07) has just been printed and will be available by requisition upon AG depots. To expedite the operation of the plan a small number of forms are being mailed to each unit rendering Medical Personnel Reports.

21. The quarterly roster will contain its present information plus statement of officer's category, ASTP status, months of overseas service since 7 December 1941 and, for nurses, will include report of evacuation, marriage and change of name. It is expected that the elimination of miscellaneous medical personnel reports and the changing of the roster to a quarterly requirement will markedly reduce clerical work in unit personnel offices.

22. Although the material described above is all that is required for reports coming to this headquarters, it is felt mandatory that the Surgeon of each major subordinate command have complete information concerning the disposition of civilian employees and the number of other personnel (POWs for example) so that a true overall knowledge of personnel doing Medical Department work will be available at all times. An increasing number of civilians are occupying positions ordinarily filled by officers. It is necessary that he be familiar with the sum total of officer and officer type personnel and of enlisted and enlisted type personnel, by units, to have reasonable knowledge of the personnel situation. Cognizance should be taken of all stabilized non-military personnel before a requisition is submitted for additional military personnel, and should likewise be considered in determining surplus military personnel who might be reported for reassignment.

XI. Table Of Organization For Red Cross Workers.

23. Published below is a Table of Organization for Red Cross workers on which their assignments will be based in this theater. This Table of Organization has been approved, based on full bed occupancy.

PERSONNEL Title	HOSPITAL SIZE			
	1000 Bed	750 Bed	500 Bed	250 and 400 Bed
Assistant Field Director	1	1	1	1
Hospital Social Worker	2	1	0	0
Hospital Staff Aide	2	2	2	1
Hospital Recreation Worker	2	2	1	0
Hospital Secretary	2	1	1	1
	<u>9</u>	<u>7</u>	<u>5</u>	<u>3</u>

Hospitals having more than 1000 occupied beds may have an increase in Red Cross workers except that in no case should the total number of workers assigned exceed 9 per 1000 bed occupancy.

XII. Registration Of Births In Army Hospitals.

24. A circular is in the process of preparation to be issued by the Commander-in-Chief on the subject of registration of births which will direct that a procedure be re-established by the major subordinate commands for the registration of the births of children who are born in U. S. Army hospitals to parents one or both of whom are citizens of the United States.

25. The regulation 40-108 directs that where the law of the United States governs, registration of births will comply with that law.

26. In areas where the local law is not that of the United States, such procedure should be co-ordinated with the American Consulate or United States Political Advisor nearest the headquarters of the command.

27. Section XIII below gives a procedure in a sample registration certificate taken from Form No. 240a issued by the State Department and required by Section 422 $\frac{1}{2}$, Consular Regulations.

XIII. Procedure For Registration Of Births In Areas Not A Part Of The United States.

28. The following procedure will govern registrations of births of children to American parents at United States Army hospitals in areas not a part of the United States.

29. At the time of birth the attending physician will issue a certificate containing the following information:

- a. Name of child in full
- b. Sex
- c. Date and hour of birth
- d. Place of birth in full
- e. Full name of father
- f. Father's race (Caucasian, Malay, Negroid, Indian or Mongolian)
- g. Father's age
- h. Father's occupation or military rank
- i. Father's present place of residence
- j. Father's place of birth
- k. Father's citizenship
- l. Full name of mother
- m. Mother's name before marriage
- n. Mother's race
- o. Mother's age
- p. Mother's occupation or military rank
- q. Mother's present place of residence
- r. Mother's place of birth
- s. Mother's citizenship
- t. Place and date of marriage
- u. Number of previous children by this marriage
- v. Number of children now living, including present
- w. Name, title, and address of delivering physician

- x. Delivering physician's signature
- y. Seal of hospital or other authentication

30. The original of the certificate should be forwarded by the hospital to the appropriate American Consular Office. A certified copy of the doctor's certificate should be issued by the hospital to the parents.

31. The parents should be instructed by the hospital that it is their responsibility to obtain an official consular report of birth from the appropriate American Consular Office. Below is a suggested form to be distributed by the hospital to the parents:

"In the case of a child born to an American parent or parents outside the United States it is necessary, in order to protect the child's claim to American citizenship and make a permanent, official record of the birth, that one of the parents report the birth to the appropriate American consular office. If possible, one of the parents should go in person to the consular office, taking the required items with him; otherwise, the items should be sent by mail, together with an explanation of the circumstances which make a personal appearance impossible."

"The items which the parent is required to present at the consular office are as follows:

a. Certificate of attending physician concerning birth of child.

b. Evidence of American citizenship of the child's father and/or mother, in one of the following forms (if both parents are American, evidence will be submitted for both; in the case of a non-American parent, some form of citizenship evidence will be required):

- (1) A currently valid American passport.
- (2) Reference to a currently valid registration at an American consular office.
- (3) Documentary evidence of being or having been a commissioned officer of the US Armed Forces.
- (4) Certificate of Naturalization or of Derivative Citizenship.
- (5) Certified extract from official records of US Armed Forces showing place and date of birth and information concerning citizenship.

c. The following items of information, excepting only those which may be contained in the doctor's certificate presented:

- (1) Name of child in full
- (2) Sex

- (3) Date and hour of birth.
- (4) Full name of father.
- (5) Father's race (Caucasian, Malay, Negroid, Indian or Mongolian).
- (6) Father's date and place of birth.
- (7) Father's occupation or military rank.
- (8) Father's present place of residence.
- (9) If not a native American, father's present nationality or place and date of American naturalization.
- (10) Periods and places of father's residence in the United States.
- (11) Full name of mother.
- (12) Mother's name before marriage.
- (13) Mother's race.
- (14) Mother's date and place of birth.
- (15) Mother's occupation or military rank.
- (16) Mother's present place of residence.
- (17) If not a native American, mother's present nationality or place and date of American naturalization.
- (18) Periods and places of mother's residence in the United States.
- (19) Place and date of marriage.
- (20) Number of previous children by this marriage.
- (21) Number of children now living, including present.
- (22) Name and address of physician or nurse.

"Births taking place in Japan and Okinawa will be reported by the presents to the Yokohama Branch, Diplomatic Section, GHQ, SCAP, American Consulate Building, Yokohama; mail address; American Consular Service, c/o HQ 8th Army, APO 343."

32. Registration of the birth of illegitimate children should be the same as for legitimate children except that no information about the father or marriage will be submitted. No other indication of

illegitimacy should be given.

33. Where hospitalization of the mother makes personal appearance at the American Consular office impracticable, and the father is not available for such purpose, forms provided by the Consular Office for taking the mother's oath as to citizenship should be obtained by the Hospital Commander for execution at the hospital.

XIV. Prompt Payment Of Hospital Patients.

34. War Department Regulations and Circulars provide that pay accounts of enlisted patients attached unassigned to detachment of patients in Army hospitals will be kept current at all times when the physical condition of the patient makes this possible. It is provided that where personnel records are incomplete or missing at the time of arrival of the patient immediate action will be taken by personnel officers to complete or provide such records as have to do with the pay of the patient through the use of affidavits as set forth in AR 340-155, and that preparation of payrolls and payments will not be delayed pending the receipt of such personnel records according to the regulations. Paragraph 3, Section III, War Department Circular 159 dated 1945 requires each patient who has not been paid through the last day of the preceding month to be paid, in full through the last day of the preceding month, within four days after admission to the hospital. In this connection, attention is invited to the following additional references: Section IV, War Department Circular 284 dated 27 September 1945 and War Department Circular 320 dated 1945.

35. A recent report by an Inspector General shows that in many cases patients are not being paid promptly and in some instances are being transferred back to the United States with their pay a month or more in arrears.

36. All commanding officers of hospitals who have detachments of patients should require the pay records of all attached unassigned patients to be examined immediately on arrival and again at a sufficient period before departure from the hospital to ascertain that provisions of the regulations have been complied with.

PART II

TECHNICAL

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XV. Revised Treatment Schedule for Syphilis.

37. Following revised treatment schedule for syphilis is effective immediately:

a. For seronegative primary syphilis give 60 intramuscular injections of 100,000 units penicillin at 3 hour intervals day and night for total dose of 6,000,000 units in $7\frac{1}{2}$ days.

b. For seropositive primary, secondary and latent syphilis give 80 intramuscular injections of 100,000 units penicillin at 3 hour intervals day and night for total dose of 8,000,000 units in 10 days.

c. For first relapse or reinfection repeat 8,000,000 unit penicillin course. In addition give 60 milligrams mapharsen twice weekly and 200 milligrams ($1\frac{1}{2}$ cc) bismuth subsalicylate in oil once weekly for 5 weeks. Total dosage is 600 milligrams mapharsen and 1000 milligrams bismuth. Start arsenic and bismuth concurrently with penicillin course.

d. For second relapse place patient on 26 weeks mapharsen-bismuth schedule as per paragraph 8c, TB Med 198, 20 August 1945.

XVI. Physical Examination of Civilian Employees.

38. War Department Civilian Personnel Regulations require all prospective applications for civilian employment in overseas area to meet the minimum physical standards indicated in Section XVII below.

39. When a civilian employee is separated from the service for this purpose a copy of the mustering out physical examination can be used for this purpose, provided that a copy of this physical record is safeguarded to the employing officer of civilian personnel by the applicant.

XVII. Minimum Physical Requirements for Civilians Employed by War Department Outside Continental Limits of United States.

40. a. General. The following minimum physical standards are required of civilian personnel applying for employment outside the continental limits of the United States. Individuals possessing defects not specified in this section will be accepted only if such defects are considered nonprogressive in nature, not subject to complications or

exacerbations, and not liable to require medical care. Unless otherwise specified, those requirements apply to male and female applicants alike. These standards serve as a guide only, and are not intended as a substitute for clinical judgment.

b. Minimum physical requirements include

(1) Eyes.

- (a) Vision. All applicants must have visual acuity, correctible by glasses, if necessary, to not less than 20/30 in one eye and 20/50 in the other. Loss of one eye (anophthalmos), or the presence of active or progressive organic disease is disqualifying.
- (b) Color vision. Except for special work, such as truck driving or railroad operating, color vision may be defective.
- (c) Miscellaneous. Trachoma, cataract, glaucoma, keratitis, iritis, choroiditis, or any other chronic eye disease is cause for rejection.

(2) Ears.

- (a) Otitis media and mastoiditis. Perforation of the tympanic membrane is acceptable when not complicated by active disease and there is an authentic history of freedom from drainage and other symptoms for at least 2 years. However, if there is a history of recurrent attacks of otitis media, or when the objective findings substantiate the history, the applicant is disqualified. Acute or chronic mastoiditis is cause for rejection.
- (b) Hearing. Hearing is not less than 8/15 in each ear, or 15/15 in one ear if less than 8/15 in the other. Acuity of hearing is determined by the whispered voice test.

(3) Nose, throat, paranasal sinuses. Chronic suppurative sinusitis, persistent or recurring nasal polyposis, history of frequent, repeated, severe tonsillitis, or paratonsillar abscesses (quinsy), or severe hay fever are causes for rejection.

(4) Teeth. Individuals are acceptable who are well-nourished, of good musculature, free from gross dental infection, and have a sufficient number of natural teeth, or missing natural teeth replaced by full or partial dentures to insure proper mastication of a regular diet. Satisfactory dentures, if required, must be in possession of the applicant prior to final acceptance.

- (5) Weight. This is a variable factor requiring careful interpretation in each case. Ordinarily, individuals examined should fall within a 25 per cent range of standard weight for height and age. Exception is made for those applicants with unusually heavy or light muscular-skeletal development and who exhibit no evidence of endocrine imbalance or organic disease.
- (6) Cardio-respiratory system.
- (a) Heart, blood vessels, and circulation. Circulatory failure with symptoms such as undue breathlessness, pain, evidence of congestive failure (engorged neck veins, enlarged liver, edema), cardiac enlargement and/or dilatation, auricular fibrillation, heart block, any diastolic murmurs, organic systolic murmurs, or any evidence of organic heart disease, including congenital heart disease, thrombophlebitis, aneurism of any vessel, Raynaud's disease, Buerger's disease, history of coronary occlusion at any time, history of acute rheumatic fever within past 3 years, or repeated exacerbations are not acceptable. Persistent tachycardia (more than 100 in recumbent posture) and arteriosclerosis, if more than moderate, are causes for rejection.
- (b) Blood pressure. Maximum acceptable values after adequate, repeated readings are 180/100 and minimum 100/50.
- (c) Lungs and chest wall. The chest examination includes a roentgenogram, as well as the usual methods of physical diagnosis. Tuberculosis, considered active, of any organ is not acceptable. Minimal, healed tuberculosis is acceptable, if proven quiescent after 1 year's observation. Persistent, chronic, productive cough and bronchitis, if more than mild, bronchiectasis, empyema, lung abscess, active mycotic disease, pneumoconiosis, particularly silicosis, intrinsic asthma (attacks of any degree occurring within the preceding 5 years), or severe hay fever are not acceptable. Tumors of the trachea, lung, pleura, mediastinum or malignant tumors of the breast or chest wall are causes for rejection.
- (7) Varicosities. Varicose veins are acceptable if mild to moderate, asymptomatic, and there is no edema or evidence of previous ulcer of the skin.

- (8) Skin diseases. Chronic skin diseases, especially trichophytosis, or other chronic fungus infections which have resisted treatment are not acceptable. Skin ulcerations, not amenable to treatment, or those of syphilitic, tuberculous malignant, or leprous origin are not acceptable.
- (9) Endocrine and metabolic disorders. Any evidence of endocrine disturbance, such as thyroid disorder, Addison's disease, diabetes (mellitus or insipidus) is disqualifying.
- (10) Skeletal system. Old ununited fracture, old unreduced dislocations, or history of recurrent dislocations of any of the major joints, symptomatic flat feet, severe symptomatic hallux valgus, active osteomyelitis of any bone and osteoarthritis or chronic arthritis, gross deformities, tuberculosis, either active or healed, of any bone or joint, herniated nucleus pulposus (intervertebral disc), or history of operation for, are causes for rejection.
- (11) Abdominal organs and wall. Nutritional deficiency diseases such as sprue, beriberi, pellagra, and scurvy are disqualifying. Any history of a gastric or duodenal ulcer within the past 5 years or gastric resection for ulcer within 3 years, malignancies, history of intestinal obstruction from any cause, acute or chronic gall bladder disease, sinus of the abdominal wall, ulcerative colitis, mucous colitis, severe hemorrhoids or symptomatic, moderate to severe hemorrhoids, fistula-in-ano, ischio-rectal abscess, cirrhosis of liver, chronic enlargement of liver or spleen, and jaundice or history of recurrent jaundice are not acceptable.
- (12) Hernia. Hernia, except small ventral umbilical, is not acceptable. Trusses are not considered adequate correction of this defect.
- (13) Genito-urinary organs. Acute or chronic nephritis, urinary fistula or incontinence, presence of renal calculus, chronic pyelitis, hydronephrosis, tumors of the kidney, bladder, or testicle, chronic cystitis, hypertrophy of the prostate with urinary retention, large, symptomatic varicocele or hydrocele, undescended testicle which lies within the inguinal canal, and absence of one kidney are causes for rejection.

- (14) Venereal diseases. Acute or chronic venereal diseases which have not responded to treatment, gonorrheal arthritis or other complications of gonorrhea, including prostaticitis, seminal vesiculitis, epididymitis, granuloma inguinale or lymphogranuloma venereum, infectious syphilis, or any type of cardio-vascular or cerebro-spinal syphilis, are causes for rejection. Blood serology is investigated routinely.
- (15) Nervous system.
- (a) Mental Status. Wherever the services of a psychiatrist are available, examination is made to determine whether the individual has experienced any maladjustment in school, occupation, or domestic life, or had any treatment for mental disease in hospitals or sanatoria. The desire of the individual to serve away from the United States is brought out by questioning and the person's ability to adapt himself or herself to a strange environment is noted. Potentially psychotic or psychoneurotic applicants are not acceptable.
- (b) Neurological status. Gross deformities of the nervous system are excluded. Any candidate presenting a history of insanity, epilepsy, or convulsions of any character is rejected.
- (16) Blood diseases. All serious diseases, such as pernicious anemia, leukemias, hemophilia, and chronic malaria are disqualifying.
- (17) Conditions peculiar to women. The following conditions peculiar to women are disqualifying: Pregnancy, endocervicitis, salpingitis, chronic Bartholin's glanditis, oophoritis, acute vaginitis, chronic, incapacitating menstrual disorders, cervical polyps, chronic, cystitis, mastitis, and ovarian cyst.

XVIII. Medical Responsibility Under Army Regulations 615-368 and Army Regulations 615-369.

41. It has been called to the attention of this office that unit requests for discharge of enlisted personnel under the provisions of Army Regulations 615-368 and Army Regulations 615-369 frequently reach this headquarters without having complied with the requirements of the regulations. One of the most common failures in preparation of the cases is that the unit fails to present evidence based on the soldier's performance and apparently assumes that the testimony of the psychiatrist will be sufficient evidence. It is not unusual to find instances in which the testimony from responsible members of the soldier's unit indicates that they like him and would like to have him in the unit, and the psychiatrist's testimony, presumably based largely on information acquired from the unit, indicates that the soldier is undesirable and should be separated from the service. It is assumed that unit members are reluctant to make disparaging

remarks in the presence of the soldier considered for discharge. However, definite statements of fact are required.

42. If the soldier is a liability rather than an asset to his organization and is eligible for discharge under the provisions of one of the above named regulations, then the proceedings of the board should clearly show that he is a liability and the reason for this. Statements must come from responsible individuals who have personal knowledge of the soldier's undesirable characteristics or inaptness. Recommendation for discharge is based on the performance of the soldier in the organization rather than upon psychiatric opinion. The latter is for corroboration and to prevent a medical problem from being misinterpreted as an administrative problem.

43. This is not to be interpreted as in any way limiting the duties of the psychiatrist. It merely defines his function under certain circumstances. The technical knowledge possessed by the psychiatric consultant should always be available to unit commanders as an aid in handling their problems, and advice, when requested, should be freely given. Such advice may well include medical orientation regarding these regulations, as a medical officer is in a particularly advantageous position to interpret them.

PART III

STATISTICAL

	Section
Evacuation.	XIX
Hospitalization	XX

XIX. Evacuation

44. During the month of May the following patients were evacuated from the several major commands:

	<u>AIR</u>	<u>WATER</u>	<u>TOTAL</u>
EIGHTH ARMY	210	99	309
AFMIDPAC	75	53	128
AFWESPAC	78	48	126
XXIV CORPS	(Unclassified)		253

45. The following are the evacuations per 1000 strength for the month of May:

JAPAN	2.00%
KOREA	4.33%
AFMIDPAC	2.54%
AFWESPAC	1.10%
AFPAC	2.13%

46. As of 31 May 1946 the following number of patients were awaiting evacuation:

EIGHTH ARMY	433
AFMIDPAC	5
AFWESPAC	452
XXIV CORPS	<u>60</u>

TOTAL	950
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XX. Hospitalization

47. The Bed Status Report of 31 May is as follows:

	<u>TOTAL T/O</u> <u>BEDS PRESENT</u>	<u>TOTAL T/O</u> <u>BEDS ESTABLISHED</u>	<u>TOTAL T/O</u> <u>BEDS OCCUPIED</u>
EIGHTH ARMY	8,750	5,405	3,828
AFMIDPAC	2,425	2,325	1,034
AFWESPAC	7,225	4,546	3,454
XXIV CORPS	<u>2,900</u>	<u>1,589</u>	<u>857</u>
TOTAL	21,300	13,965	9,173

48. Number of authorized beds, per cent of authorized beds occupied, per cent of operating beds occupied and per cent of actual military strength in hospitals as patients are listed below:

	<u>BEDS</u> <u>AUTHORIZED</u>	<u>% AUTHORIZED</u> <u>BEDS OCCUPIED</u>	<u>% OPERATING</u> <u>BEDS OCCUPIED*</u>	<u>TOTAL PATIENTS IN</u> <u>HOSPITAL, % OF ACTUAL</u> <u>MILITARY STRENGTH</u>
JAPAN	5,603	68%	71%	2.44
KOREA	2,498	34%	54%	1.46
AFMIDPAC	2,753	37%	44%	2.05
AFWESPAC	6,020	57%	74%	2.93
AFPAAC	16,828	54%	66%	2.39

*The low percentage of authorized beds occupied reflects the fact that the actual strength of the theater during May was only approximately 79% of the authorized strength.

49. Tables showing various admission rates are attached as Tables "A" to "L" inclusive.

ADMISSION RATES PER 1000 PER ANNUM

ALL CAUSES

<u>Week</u> <u>Ending</u>	<u>AFIPAC</u>	<u>AFMIDPAC</u>	<u>AFWESPAC</u>	<u>JAPAN</u>	<u>KOREA</u>
4 Jan 46	660	340	556	862	483
11 Jan 46	735	380	611	1067	504
18 Jan 46	812	355	666	922	683
25 Jan 46	726	343	661	998	610
1 Feb 46	683	395	574	979	496
8 Feb 46	768	629	591	973	670
15 Feb 46	734	511	589	947	716
22 Feb 46	708	319	548	966	707
1 Mar 46	695	187	543	1005	637
8 Mar 46	798	354	650	1099	578
15 Mar 46	787	264	619	1103	688
22 Mar 46	638	278	569	961	872
29 Mar 46	747	323	562	978	768
5 Apr 46	735	298	486	938	760
12 Apr 46	725	343	678	851	677
19 Apr 46	734	251	791	788	670
26 Apr 46	757	333	766	869	695
3 May 46		316	*	796	614
10 May 46		357	*	*	646
17 May 46		342	*	*	534
24 May 46		153	*	*	534

*Report not yet received.

Table "A"

ADMISSION RATES PER 1000 PER ANNUM

MYCOTIC DERMATOSES

<u>Week</u> <u>Ending</u>	<u>AFFAC</u>	<u>AFMIDPAC</u>	<u>AFWESPAC</u>	<u>JAPAN</u>	<u>KOREA</u>
4 Jan 46	9.7	.4	11.0	16	3.3
11 Jan 46	8.2	0	9.9	11	1.7
18 Jan 46	7.6	.6	10.1	9.5	1.9
25 Jan 46	10.6	0	13.7	11	0
1 Feb 46	9.7	0	10.0	13	3.0
8 Feb 46	17.6	1.5	34.5	11	0
15 Feb 46	10.2	0	11.7	13	4.5
22 Feb 46	10.1	0	16	8	3.5
1 Mar 46	10.8	0	17	9.1	3.1
8 Mar 46	9.5	1.2	12	10.4	3.9
15 Mar 46	8.3	0	10	10.4	2.2
22 Mar 46	6.2	0	9	12.7	1.0
29 Mar 46	12.0	0	17	12.5	4.0
5 Apr 46	7.0	0	6	11.6	0
12 Apr 46	11.0	0	19	10.4	0
19 Apr 46	8.0	4.3	13	9	0
26 Apr 46	10.0	1.4	23	6	0
3 May 46		1.4	*	12	1
10 May 46		1.4	*	*	2
17 May 46		3.1	*	*	2
24 May 46		1.5	*	*	0

*Report not yet received.

Table "B"

ADMISSION RATES PER 1000 PER ANNUM

VENEREAL DISEASES

<u>Week</u> <u>Ending</u>	<u>AFRAC</u>	<u>AFMIDPAC</u>	<u>AFWESPAC</u>	<u>JAPAN</u>	<u>KOREA</u>
4 Jan 46	131	8	112	231	13
11 Jan 46	144	17	146	226	20
18 Jan 46	147	5	143	245	15
25 Jan 46	151	21	131	263	13
1 Feb 46	115	6	93	214	20
8 Feb 46	139	16	133	223	51
15 Feb 46	151	8	133	236	56
22 Feb 46	166	7	128	275	52
1 Mar 46	151	6	131	239	42
8 Mar 46	169	20	140	268	37
15 Mar 46	162	8	151	242	43
22 Mar 46	147	15	148	229	55
29 Mar 46	158	18	145	232	42
5 Apr 46	140	12	128	208	31
12 Apr 46	139	25	182	164	46
19 Apr 46	162	31	157	228	41
26 Apr 46	163	24	165	230	41
3 May 46		15	*	222	33
10 May 46		19	*	*	45
17 May 46		13	*	*	60
24 May 46		0	*	*	34

* Report not yet received.

Table "C"

ADMISSION RATES PER 1000 ANNUM

MALARIA

<u>Week</u> <u>Ending</u>	<u>AFRAC</u>	<u>AFMIDPAC</u>	<u>AFWESPAC</u>	<u>JAPAN</u>	<u>KOREA</u>
4 Jan 46	44	1.5	37	79	47
11 Jan 46	38	0	28	69	32
18 Jan 46	39	.6	31	72	24
25 Jan 46	33	.7	23	60	23
1 Feb 46	42	.7	29	50	14
8 Feb 46	38	0	34	62	35
15 Feb 46	38	0	43	42	52
22 Feb 46	35	1.0	36	43	40
1 Mar 46	39	6.2	45	45	36
8 Mar 46	43	1.2	43	55	41
15 Mar 46	45	13.9	53	48	39
22 Mar 46	39	1.4	55	46	66
29 Mar 46	40	8.3	40	45	49
5 Apr 46	42	2.7	48	47	45
12 Apr 46	39	2.9	47	42	31
19 Apr 46	36	5.7	47	42	41
26 Apr 46	42	4.2	69	40	41
3 May 46		7.1	*	40	33
10 May 46		5.6	*	*	45
17 May 46		0	*	*	60
24 May 46		1.5	*	*	*

* Report not yet received.

Table "D"

ADMISSION RATES PER 1000 PER ANNUM

DYSENTERY, AMEBIC

<u>Week Ending</u>	<u>AFRAC</u>	<u>AFMIDPAC</u>	<u>AFWESPAC</u>	<u>JAPAN</u>	<u>KOREA</u>
4 Jan 46	1.4	0	1.7	1.4	2.5
11 Jan 46	1.7	0	2.4	.9	3.5
18 Jan 46	2.1	0	2.7	2.1	3.9
25 Jan 46	3.9	0	6.4	3.7	2.9
1 Feb 46	3.6	0	5.2	3.7	0
8 Feb 46	3.2	0	5.3	2.2	4.4
15 Feb 46	3.5	0	4.9	3.8	1.1
22 Feb 46	2.3	0	3.2	2.5	0
1 Mar 46	2.6	0	6	1.1	0
8 Mar 46	4.2	0	8	0.6	7
15 Mar 46	2.4	2.6	5	0.6	2.2
22 Mar 46	2.4	1.4	5	0.8	3.1
29 Mar 46	1.8	0	3	1.2	2.0
5 Apr 46	1.3	0	3	0.3	2.0
12 Apr 46	1.9	1.5	6	0	1
19 Apr 46	1.4	0	4	0	0
26 Apr 46	2.5	0	7	.3	0
3 May 46		0	*	2.1	2.8
10 May 46		1.4	*	*	3
17 May 46		0	*	*	0
24 May 46		0	*	*	2.8

* Report not yet received.

Table "E"

ADMISSION RATES PER 1000 PER ANNUM

BACILLARY DYSENTERY

<u>Week Ending</u>	<u>AFRAC</u>	<u>AFMIDPAC</u>	<u>AFWESPAC</u>	<u>JAPAN</u>	<u>KOREA</u>
4 Jan 46	.4	0	.6	0	1.7
11 Jan 46	1.2	0	2.6	.0	.0
18 Jan 46	4.9	0	12.4	.2	0
25 Jan 46	1.2	0	2.9	.2	0
1 Feb 46	1.0	0	2.4	.3	0
8 Feb 46	1.4	0	3.5	0	0
15 Feb 46	1	0	1.9	0	2.2
22 Feb 46	0	0	0	0	0
1 Mar 46	4.6	0	1	.3	0
8 Mar 46	2.4	0	.6	0	0
15 Mar 46	1.2	0	.3	0	0
22 Mar 46	1.1	0	0	0	1.0
29 Mar 46	0	0	0	0	0
5 Apr 46	.1	0	.3	0	0
12 Apr 46	0	0	0	0	0
19 Apr 46	0	0	0	0	0
26 Apr 46	.3	0	.8	0	0
3 May 46		0	*	.3	0
10 May 46		0	*	*	.9
17 May 46		0	*	*	0
24 May 46		0	*	*	0

* Report not yet received.

Table "F"

ADMISSION RATES PER 1000 PER ANNUM

COMMON DIARRHEA

<u>Week Ending</u>	<u>AFRAC</u>	<u>AFMIDPAC</u>	<u>AFWESPAC</u>	<u>JAPAN</u>	<u>KOREA</u>
4 Jan 46	13	2.1	25	7.2	0
11 Jan 46	14	3.4	26	8.2	1.7
18 Jan 46	13	24	22	7.6	1.9
25 Jan 46	12	10	23	3.5	0
1 Feb 46	9	2.1	18	4.6	0
8 Feb 46	9	1.2	16	3.8	0
15 Feb 46	7.2	0	11	7.0	0
22 Feb 46	7	0	12	5.3	0
1 Mar 46	4.4	0	9	2.9	0
8 Mar 46	6.2	1.2	9.4	5.8	3
15 Mar 46	6.4	0	8.6	7.9	0
22 Mar 46	2.5	0	5.6	3.6	0
29 Mar 46	4.5	0	7.3	4.1	2
5 Apr 46	5.4	1.4	8.9	5.1	1
12 Apr 46	4	0	3.5	6.2	1
19 Apr 46	4.5	0	7.4	4.2	2
26 Apr 46	3.1	0	8.5	.9	0
3 May 46		4.2	*	7.1	1
10 May 46		2.8	*	*	.9
17 May 46		3.1	*	*	.9
24 May 46		4.5	*	*	2.8

* Report not yet received.

Table "G"

ADMISSION RATES PER 1000 PER ANNUM

PNEUMONIA, PRIMARY, ATYPICAL

<u>Week Ending</u>	<u>AFRAC</u>	<u>AFMIDRAC</u>	<u>AFWESPAC</u>	<u>JAPAN</u>	<u>KOREA</u>
4 Jan 46	5.6	3.6	8.2	3.9	8.3
11 Jan 46	7.7	6.9	9.3	6.5	10
18 Jan 46	10.0	6.2	12.4	12.0	6.8
25 Jan 46	9.2	4.0	13.5	8.9	9.7
1 Feb 46	7.1	6.2	3.3	8.3	4.8
8 Feb 46	10.5	1.5	4.3	11.0	17
15 Feb 46	5.3	2.7	6.2	4.3	8.8
22 Feb 46	9.3	1.0	12	10.0	4.4
1 Mar 46	8.8	1.0	12	8.3	8.0
8 Mar 46	9.6	1.2	16	5.5	12
15 Mar 46	8.3	1.3	15	4.8	7
22 Mar 46	6.2	5.5	12	3.6	11
29 Mar 46	6.0	5.5	5.8	4.9	11
5 Apr 46	6.3	5.5	4.6	6.2	12
12 Apr 46	7.1	2.9	12	3.5	8
19 Apr 46	6	4.3	10	4.2	3
26 Apr 46	8	0	18	3.5	5
3 May 46		0	*	6.1	6
10 May 46		2.8	*	*	3
17 May 46		1.5	*	*	5
24 May 46		0	*	*	.9

* Report not yet received.

Table "H"

ADMISSION RATES PER 1000 PER ANNUM

INFLUENZA

<u>Week Ending</u>	<u>AF PAC</u>	<u>AF MID PAC</u>	<u>AF WES PAC</u>	<u>JAPAN</u>	<u>KOREA</u>
4 Jan 46	5.3	1	4.9	3.5	.8
11 Jan 46	2.4	.6	4.2	2.2	.9
18 Jan 46	1.9	1.9	2.5	1.9	0
25 Jan 46	3.3	0	7.7	.5	0
1 Feb 46	15.1	101	3.9	4	1.9
8 Feb 46	8.6	48	1.2	5.5	1.1
15 Feb 46	5.3	20	3	4.3	1.1
22 Feb 46	3.3	7	1.8	4.4	0
1 Mar 46	2.7	2.0	2.8	3.7	0
8 Mar 46	1.4	1.2	1.3	2.0	0
15 Mar 46	1.9	0	.7	4.6	0
22 Mar 46	2	2.8	.9	1.7	6.2
29 Mar 46	.6	1.4	.3	.9	0
5 Apr 46	.6	0	.7	.9	0
12 Apr 46	1.6	0	.4	3.2	0
19 Apr 46	1.6	1.4	.4	3.1	0
26 Apr 46	2.7	0	2.6	4.1	0
3 May 46		0	*	.9	1.9
10 May 46		2.8	*	2.2	0
17 May 46		0	*	*	.9
24 May 46		0	*	*	0
31 May 46		*	*	*	0

* Report not yet received.

Table "I"

ADMISSION RATES PER 1000 PER ANNUM

COMMON RESPIRATORY DISEASES

<u>Week Ending</u>	<u>AFPAC</u>	<u>AFMIDPAC</u>	<u>AFWESPAC</u>	<u>JAPAN</u>	<u>KOREA</u>
4 Jan 46	101	23	65	178	59
11 Jan 46	113	58	66	191	103
18 Jan 46	105	78	65	173	63
25 Jan 46	111	74	65	195	46
1 Feb 46	91	43	60	165	86
8 Feb 46	124	234	74	160	52
15 Feb 46	99	104	56	148	75
22 Feb 46	110	70	78	162	72
1 Mar 46	120	20	62	178	106
8 Mar 46	109	27	64	182	70
15 Mar 46	115	28	47	214	77
22 Mar 46	136	24	46	218	138
29 Mar 46	150	21	50	236	133
5 Apr 46	112	22	49	183	91
12 Apr 46	110	25	47	155	102
19 Apr 46	96	30	54	143	82
26 Apr 46	95	29	58	139	91
3 May 46		20	*	122	58
10 May 46		26	*	101	52
17 May 46		40	*	*	42
24 May 46		6	*	*	63
31 May 46		*	*	*	41

* Report not yet received.

Table "J"

ADMISSION RATES PER 1000 PER ANNUM

INJURY

<u>Week Ending</u>	<u>AFMAC</u>	<u>AFMIDPAC</u>	<u>AFWESPAC</u>	<u>JAPAN</u>	<u>KOREA</u>
4 Jan 46	76	73	79	76	54
11 Jan 46	83	92	77	94	75
18 Jan 46	83	62	83	91	104
25 Jan 46	77	80	99	80	91
1 Feb 46	76	56	73	90	77
8 Feb 46	74	45	68	84	88
15 Feb 46	70	37	59	87	92
22 Feb 46	69	49	60	83	73
1 Mar 46	56	22	47	71	75
8 Mar 46	72	61	69	81	66
15 Mar 46	68	38	60	76	82
22 Mar 46	61	43	52	72	66
29 Mar 46	70	35	53	91	57
5 Apr 46	72	60	52	90	78
12 Apr 46	63	79	54	65	65
19 Apr 46	72	61	88	66	59
26 Apr 46	76	56	84	79	60
3 May 46		49	*	76	72
10 May 46		74	*	75	66
17 May 46		68	*	*	45
24 May 46		20	*	*	69
31 May 46		*	*	*	60

* Report not yet received.

Table "K"

ADMISSION RATES PER 1000 PER ANNUM

DISEASES

<u>Week Ending</u>	<u>AFRAC</u>	<u>AFMIDPAC</u>	<u>AFWESPAC</u>	<u>JAPAN</u>	<u>KOREA</u>
4 Jan 46	584	267	477	786	429
11 Jan 46	653	288	534	973	429
18 Jan 46	729	293	583	831	579
25 Jan 46	649	263	562	918	519
1 Feb 46	607	339	501	890	419
8 Feb 46	694	584	523	889	582
15 Feb 46	663	474	530	859	624
22 Feb 46	638	270	488	884	634
1 Mar 46	640	165	496	934	562
8 Mar 46	725	293	580	1018	512
15 Mar 46	719	226	558	1027	606
22 Mar 46	576	235	516	889	806
29 Mar 46	677	268	509	887	711
5 Apr 46	663	238	534	848	682
12 Apr 46	663	264	624	786	613
19 Apr 46	662	297	702	722	611
26 Apr 46	627	277	682	790	628
3 May 46		266	*	720	542
10 May 46		283	*	711	579
17 May 46		274	*	*	489
24 May 46		134	*	*	464
31 May 46		*	*	*	455

* Report not yet received.

Table "L"